

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035352

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 415

FILED SEP 16 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cape Girardeau</u> | | c. CITY OR TOWN <u>Jackson</u> | |
| Length of stay in 1b <u>12 hours</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Southeast Hospital</u> | | d. STREET ADDRESS <u>R#3</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <u>ESTELLE — MCGOWAN</u> | | 4. DATE OF DEATH Month <u>Sept</u> Day <u>8</u> Year <u>1963</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>April 21, 1883</u> |
| 9. AGE (last birthday) <u>80</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Household Duties</u> | | 11. BIRTHPLACE (City and state or country) <u>St Louis Mo</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Household Duties</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13. FATHER'S NAME <u>Louis Scherer</u> | |
| 13a. FATHER'S NAME <u>Louis Scherer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Bertha Steinbrecker</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Ulysses McGowan</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT <u>Paul Craig, Jackson R#3 Mo</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____ | |
| 21. I attended the deceased from <u>10-11-62</u> to <u>9-8-63</u> and last saw her/him alive on <u>9-8-63</u> . Death occurred at <u>10:30 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>J. N. Jaeger, M.D.</u> (Degree or title) | | 22b. ADDRESS <u>Jackson, Mo</u> | |
| 22c. DATE SIGNED <u>9/10/63</u> (State) | | 23a. BURL OR CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 23b. DATE <u>Sept 11, 1963</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u> | |
| 23d. LOCATION (City, town, or county) <u>Jackson Mo</u> | | 24. FUNERAL DIRECTOR <u>R. Miller Jackson Mo</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>9-14-63</u> | | 26. REGISTRAR'S SIGNATURE <u>James Hartman</u> | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *L. C. Cunniff*

Licensed Embalmer No. 4327

P. O. Address *Indian, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.